स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्यमंत्री (डा॰ सी॰ सिल्वेरा): (क) ऐसी कोई शिकायत प्राप्त नहीं हुई है।

(ख) जी, नहीं।

(ग) और (घ) प्रश्न नहीं उठता। तथापि, आकस्मिक जांच अपर निदेशक (केन्द्रीय ब्यूरो) तथा अपर निदेशक, केन्द्रीय सरकार स्वास्थ्य योजना (मुख्यालय) द्वारा नियमित रूप से की जाती है तथा कहीं आवश्यक होता है, उपयुक्त कार्रवाई की जाती है

Propagation of condoms to check Aids

7296. SHRIMATI VEENA VERMA:
SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE:

Will the PRIME MINISTER be pleased to state:

(a) whether as an effective measure to check the spread of AIDS and other sexually transmitted diseases, a campaign is sought to be launched in College and University hostels and other hostels to propagate and make available condoms-through condom vending machines; and

(b) if so, what decision has been taken in this regard; and

(c) what steps have been taken in pursuance thereof?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) No. Sir. However a "Universities Talk AIDS" Schemes to create awareness about HIV/ AIDS among University and college students is being implemented. The scheme covers all the universities in the country.

(b) and (c) Do not. arise.

मोतियाबिंद के ऑपरेशनों में समस्याएं

7297. चौधरी हरमोहन सिंह: क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) देश में डाक्टरी परामर्श के अनुसार प्रति वर्ष लगभग कितने व्यक्तियों का मोतियाबिंद का आपरेशन होने की आवश्यकता है;

(ख) ऐसे व्यक्तियों का आपरेशन करने हेतु इस समय कौन-कौन की चिकित्सा और अर्ध चिकित्सा सुविधाएं उपलब्ध हैं; और

(ग) ऐसे आपरेशन करने हेतु चिकित्सा/अर्ध चिकित्सा दोनों प्रकार की सुविधाओं का किस सीमा तक अभाव है और इसे कैसे पूरा किया जाने का विचार है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में उप मंत्री (श्री पबन सिंह घाटोवर): (क) ऐसे कोई आंकड़े उपलब्ध नहीं हैं। तथापि, वर्ष 1995-96 के लिए लगभग 25 लाख मोतियाबिंद के आपरेशनों का लक्ष्य निर्धारित किया गया है।

(ख) मोतियाबिंद के आपरेशनों की सुविधाएं क्षेत्रीय नेत्र चिकित्सा विज्ञान संस्थानों, मेडिकल कालेजों, जिला अस्पतालों, स्वैच्छिक तथा प्राइवेट सेक्टर के अस्पतालों में तथा चल नेत्र शिविरों के माध्यम से भी उपलब्ध हैं।

(ग) ग्रामीण तथा दूरदराज के क्षेत्रों में नेत्र चिकित्सा के शल्य-चिकित्सकों की कमी है। इस समस्या का हल स्वैच्छिक संगठनों की सहायता से चल यूनिटों के माध्यम से नेत्र शिविर लगाकर किया जाता है।

Amount Provided to Gujarat for Minimum Medical Facilities

7298. SHRI RAJUBHAI A. PARMAR: Will the PRIME MINISTER be pleased to state:

(a) the total amount provided by Government during 1993-94 and 1994-95 to the tribal dominated sub-plan areas in Gujarat for providing them minimum medical facilities and what is the amount demanded by the State Government for the purpose;

(b) what is the number of dispensaries situated in the tribal sub-plan areas of the State which are unequipped and bereft of the minimum medical facility; and

(c) what are the details of the minimum medical facility prescribed and the means provided by Government?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) Health is a

State Subject. The Establishment of Primary Health Centres and Community Health Centres is funded by State Sector under Minimum Needs Programme. Central Assistance is provided for establishment of Sub-Centres and training of paramedical workers out of Family Welfare Budget. The amount provided to the State of Gujarat under MNP in State Sector and Family Welfare Programme in all areas including tribal dominated sub-plan are as under:—

(Rs. in Lakhs)

Year	Establishment of PHCs & CHCs under MNP	maintenance of sub-Centre under FWP
1993-94	1018.00(RE)	900.00
1994-95	1718.00(BE)	899.00

Besides this, Central Assistance provided to contro/eradicate major communicable diseases to the State of Gujarat and Tribal Sub-Plan (TSP) areas is as under:

(Rs. in Lakhs)

	Name of the Scheme	1993-94 Total	TSP	Total	1994-95 TSP	
*1.	*N.M.E.P.	659.53	129.79	811.80	154.55	
**2.	N.L.E.P.	80.00	16.00	85.00	16.72	
****!	N.TB.C.P.	260.00	36.50	341.71	41.05	
»***4	N.P.C.B.	88.53	17.42	50.20	9.88	

'National Malaria Eradication Programme.
"National Leprosy Eradication programme.
""National TB Control Programme.
***'National Programme for Control of Blindness

(b) The position of Health Institutions functioning in the tribal areas of the State of Gujarat upto 31.12.94 is given below:—

1.	Sub-Centres	1929
2.	Primary health Centres	236
3.	Community Health Centres	38
4.	Hospitals	14
5.	Mobile Clinics	19
6.	Ayurvedic Dispensary	127
7.	Ayurvedic Hospital	5

(c) The norms for setting up of Sub-centre, Primary Health Centre and Community Health Centre for the purpose of providing minimum medical facilitates to the people are as follows:

Sub-Centre

One Sub-centre for every five thousand
population in plain areas and for every three thousand population in hilly and tribal areas.

Primary Health Centre (PHC)

One Primary Health Centre for every thirty thousand population in plain areas and for every twenty thousand population in hilly and tribal areas.

Community Health Centre (CHC)

One out of four Primary Health Centres is to be upgraded to a Community Health Centre with four

Specialists, Doctors and thirty beds to serve as a referral institution to cover eighty thousand to one lakh twenty thousand population.

Further, relaxation is being given for establishing a Sub-centre, PHC where tribal inhabitation is more than five kilometer away from a Health Delivery Centre.

The Health infrastructure comprising a number of sub-centres, Primary Health Centres and Community Health Centres set up as per above norms cater to the health needs of the people. In addition, in order to controteradicate major communicable/non-communicable diseases as well as to implement various Family Welfare Schemes, including Child Survival and Safe Motherhood Scheme, Central assistance is given to the states for providing health care services to the people.

Confirmation of Doctors under C.G.H.S..

7299. SHRI RAJ NATH SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that the doctors of Indian system of Medicine under C.G.H.S. have not been confirmed in their present grades even after rendering service for a period of more than 12 years;

(b) if so, what are the reasons therefor; and

(c) what steps are being taken by Government to confirm these doctors without further loss of time to safeguard their career interests?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) to (c) Yes, Sir. The doctors of Indian System of Medicine could not be considered for confirmation earlier as the old Recruitment Rules for different categories of posts in the Indian System of Medicine were being reviewed for making uniform Recruitment Rules tor all such posts. The consolidated recruitment Rules of all Indian System of Medicine and Homoeopathy posts under C.G.H.S. have since been approved by the Union Public Service Commission and will be notified after being vetted by the Ministry of Law and Justice. Steps will thereafter be taken to consider these doctors for confirmation.

Autonomous status of AIIMS

7300. SHRI PRAVAT KUMAR SAMANTARAY: Will the PRIME MINISTER be pleased to state:

(a) whether autonomous status of AIIMS under the provisions of AIIMS Act, 1956 has been diluted;

(b) whether such a dilution has resulted in flouting the provisions of the said Act to accommodate anybody on the membership of the Institute Body; and

(c) if not, under what provision(s) of the said Act, Secretary, Department of Health, Government of India is continuing as a member of AIIMS Institute Body?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) No, Sir.

(b) Does not arise.

(c) Shri M.S. Dayal, Secretary, Department of Health was nominated by the Central Government as a member of the AIIMS Institute Body under Section 4(e) of the AIIMS Act, 1956.

Supply of sub-standard Unani medicines to C.G.H.S.

7301. MAULANA OBAIDULLAH KHAN AZMI: Will the PRIME MINISTER be pleased to refer to the answer to Starred Question 242 given in the Rajya Sabha on the 30th March, 1995 and state:

(a) whether Government are aware that Sadar Dawakhana, Delhi, Ashoka